

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2012 - 84 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

KershawHealth

P.O. Box 7003

Address:

1315 Roberts Street

Camden, S.C. 29021

Telephone:

803-432-4311

Fax:

803-713-2800

Other:

803-713-6076

Email: wrigley@kershawhealth.org

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: **FEB 15 2012**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

KershawHealth

P.O. Box 7003

1315 Roberts Street
Camden, S.C. 29021

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-713-6076

Phone

803-713-2800

Fax

wrigley@kershawhealth.org

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Not for profit

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month January Year 2012

Assets:

Cash	636,026
Receivables (Net)	15,461,908
Property, Plant & Equipment (Net)	50,433,873
Investments	34,764,139
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	3,406,200
Prepays and Other Assets	4,987,324
Total Assets *	109,689,470
<u>Liabilities and Equity:</u>	
Accounts Payable	2,788,258
Notes Payable	23,506,793
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	1,465,530
Other Accrued Obligations	2,499,032
Other Liabilities	2,943,942
Total Liabilities	33,203,555
Capital Stock	
Retained Earnings	76,485,915
Total Equity	76,485,915
Total Liabilities and Equity *	109,689,469

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Class of Services	0-3 Miles	4-6 Miles	7-10 Miles	11-15 Miles	16-20 Miles	21-25 Miles	26-30 Miles	31-35 Miles	36-40 Miles	41-45 Miles	Over 45 Miles
Ambulatory	\$ 16	\$ 9	\$ 11	\$ 16	\$ 21	\$ 27	\$ 30	\$ 32	\$ 36	\$ 43	\$ 70
Wheelchair	\$ 9	\$ 13	\$ 19	\$ 25	\$ 29	\$ 34	\$ 42	\$ 47	\$ 54	\$ 63	\$ 81
Share Ride Ambi	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Share Ride WC	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Stretcher	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Group Ambi	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|---|---|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input checked="" type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input checked="" type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input checked="" type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input checked="" type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input checked="" type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input checked="" type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Ford	2000 - E-250	1F7N524L7YHC00063	8600	✓
Chevy-Express	2012 - G33706	1GAZG1FGXC1100434	6084	✓

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance is for:

~~Kershaw Health~~
P.O. Box 7003
~~1315 Roberts Street~~
Camden, S.C. 29021

Name of Applicant

Address of Applicant

Amount of Premium:

Liability Insurance \$ 315.33

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	<u>\$1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>\$1,000</u>

State Budget & Control Board
Insurance Reserve Fund

— 1201 Main Street, Suite 500
P. O. Box 11066
— Columbia, SC 29201

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

FEB 15 2012

Date



Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



SOUTH CAROLINA BUDGET AND CONTROL BOARD

INSURANCE RESERVE FUND
POST OFFICE BOX 11066
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-002

ICV NUMBER	FROM 01/01/2012	POLICY PERIOD TO 01/01/2013	TYPE OF INSURANCE AUTOMOBILE COMP AND COLLISION	DATE PRINTED 30 DEC 2011
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COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
CD-20

NAMED INSURED AND ADDRESS KERSHAWHEALTH POST OFFICE 7003 CAMDEN, SC 29021	CONTACT PERSON AND PHONE STACY COLLIER (803)713-6353	FORM #	PAGE 1 OF 1
	TYPE OF ACTIVITY *** ENDORSEMENT ***	ACTIVITY # 002	

EFFECTIVE DATE - 01/01/2012

COVERAGE - \$200 DEDUCTIBLE COMPREHENSIVE
\$500 DEDUCTIBLE COLLISION

ACTIVITY	SEGMENT	VEHICLE DESCRIPTION SERIAL NUMBER	YEAR	OLD VALUE NEW VALUE	PREMIUMS
ADDED	430	CHEV 3500 VAN 1GAZG1FGXC1100434	2012	0 56,309	73.20 COMP 242.13 COLL
RATES - COMP 0.13 COLL 0.43					

TOTAL ADDITIONAL PREMIUM 315.33

AN INVOICE FOR PREMIUM DUE WILL FOLLOW.

.IS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY C130285613

Exhibit Fit, Willing, and Able (FWA)

N/A

Kershaw Health

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes


☐ No


6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.


Applicant's Signature


Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Kershaw)

SWORN TO BEFORE ME
This 15 day of February, 2012

Gwendolyn Gail Hane
Notary Public

Commission Expires 10/16/2018

South Carolina Secretary of State: Charity Details

Page 1 of 1

South Carolina
Secretary of State
Mark Hammond

KERSHAWHEALTH

Public Id: P15814

Mr Donnie Weeks , CEO
1315 Roberts St.
Camden, SC29020

Status: Exempt: This organization is not required to file annual financial reports. For information about exemptions refer to the [Solidation of Charitable Funds Act](#).

TOTAL REVENUE:

PROGRAM EXPENSES:

TOTAL EXPENSES:

NET ASSETS:

FUNDRAISER COSTS:

Disclaimer: The Secretary of State, the State of South Carolina or any agency, officer or employee of the State of South Carolina does not guarantee the accuracy, reliability or timeliness of such information, as it is the responsibility of the charity to inform the Secretary of State of any updated information. While every effort is made to ensure the accuracy of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from the Charity Database does so at his or her own risk.

All financial information is based on the organization's IRS Form 990 or the Secretary of State's Annual Financial Report as filed with the Secretary of State's Office. The Secretary of State's Office has not independently verified this financial information. Financial reports, registration statements and exemption applications are maintained by the Secretary of State's Office for three years and are deemed public records. Copies are available to the public for a copy fee.

Physical Address: Edgar Brown Building - 1206 Pendleton Street Suite 525 Columbia, SC 29201
Mailing Address: SC Secretary of State's Office 1205 Pendleton Street Suite 525 Columbia, SC 29201

Internal Revenue Service

Department of the Treasury

Washington, DC 20224

Kershaw County Memorial
Hospital
1315 Roberts Street
Camden, So. Carolina 29020

Person to Contact: Mr. Kolbe\Odoms

Telephone Number: 202-566-3951

Refer Reply to: E:EO:R:1-1

Date: FEB 28 1990

Employer Identification Number

Key District:Atlanta

Accounting Period Ending:September 30

Foundation Status Classification:509(a)(1)&170(b)(1)(A)(iii)

Form 990 Required:Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in the section(s) above.

If your sources of support, or your purposes, character, or method of operation change, please let your key district know so that office can consider the effect of the change on your exempt status and foundation status. In the case of an amended document or bylaws, please send a copy of the amended document or bylaws to your key district. Also, you should inform your key District Director of all changes in your name or address.

Unless you are an instrumentality or otherwise specifically excepted, beginning January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA). However, if you are a wholly-owned instrumentality of a state or political subdivision of a state, and social security coverage is desired for your employees, the coverage may be obtained only by an agreement between the State and the Secretary of Health and Human Services, entered into under section 218 of the Social Security Act, as amended. Generally, employees hired after March 31, 1986, are subject to the Medicare portion of the social security tax if they are in a group not covered by an agreement with the Secretary of Health and Human Services.

Kershaw County Memorial Hospital

Any questions that you may have as to whether you are an instrumentality of a state or a political subdivision thereof should be addressed to the Internal Revenue Service, Office of the Associate Chief Counsel (Technical), Attention: CC:FI&P, P.O. Box 7604, Ben Franklin Station, Washington, D.C. 20044.

Unless you are an instrumentality you are required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally more than \$25,000. Such returns are not required to be filed by organizations that are instrumentalities of a state or a political subdivision thereof, the income of which is excluded from gross income pursuant to section 115 of the Code. If you believe your income is excluded from gross income pursuant to section 115 of the Code, you should request an appropriate ruling from the Office of Chief Counsel, as indicated above.

If you are required to file Form 990, but your gross receipts each year are not normally more than \$25,000, we ask that you establish that you are not required to file Form 990 by completing Part I of that Form for your first year. Thereafter, you will not be required to file a return until your gross receipts exceed the \$25,000 minimum. For guidance in determining if your gross receipts are "normally" not more than the \$25,000 limit, see the instructions for the Form 990. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. The maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, and supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$10 per day for each day there is a failure to comply (up to a maximum of \$5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454, for additional information.

Kershaw County Memorial Hospital

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key District Director.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522.

If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your donors avoid difficulties with their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that your donors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1391, Deductibility of Payments Made to Organizations Conducting Fund-Raising Events. You may obtain copies of Publication 1391 from your key District Office.

You need an employer identification number even if you have no employees. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

We are informing your key District Director of this ruling. Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

2288

STATUTES AT LARGE
LOCAL AND TEMPORARY LAWS—1954

[No. 868]

(R604, S496)

No. 868

An Act To Create The Kershaw County Hospital Board, To Define Its Composition, To Prescribe Its Functions And Powers, And To Repeal Act No. 1010 Of The Acts Of 1952 Entitled, "An Act To Create The Kershaw County Hospital Board And To Provide For Its Membership, Powers And Duties".

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Kershaw County Hospital Board created.—There is hereby created the Kershaw County Hospital Board, which shall be comprised of eleven members selected in the manner provided for by Section 2 of this act. Said Board shall have the functions committed to it by this act, and other acts that may hereafter be enacted.

SECTION 2. Members—terms—vacancies.—All members of the Board, as initially comprised, and all successors in office thereto, shall be appointed by the Governor upon the recommendation of a majority of the Legislative Delegation from Kershaw County. Of the initial appointees, five shall hold office for a period of two years and six shall hold office for a period of four years. The recommendation required of the majority of the Legislative Delegation from Kershaw County shall include a recommendation to the Governor, as to which of those persons recommended shall be given two year terms and which shall be given four year terms. Upon the expiration of the initial and subsequent terms of office, successors shall be appointed in the same manner for terms of four years. In the event of any vacancy, occasioned by death, resignation or other cause, such vacancy in office shall likewise be filled in the same manner for the balance of the unexpired term. The initial terms of office shall begin as of the effective date of this act, notwithstanding that this may effect a lessening of the duration of the terms of office of the initial members of the Board. Membership on the Board shall be deemed an office of honor within the purview of Section 2, Article II of the Constitution of South Carolina.

SECTION 3. Duties and powers.—Said Board shall be a body corporate of perpetual succession. It is authorized and empowered to do all matters necessary or convenient for the construction, establishment and maintenance of a public hospital for the benefit of the residents of Kershaw County, including, but without limiting the generality of the foregoing, it shall have the following powers:

[No. 868]

[No. 868]

OF SOUTH CAROLINA

2289

LOCAL AND TEMPORARY LAWS—1954

Capital Board, To
ons And Powers,
52 Entitled, "An
Board And To

of South Carolina:

created.—There
board, which shall
over provided for
he functions com-
reafter be enacted.

members of the
office thereto, shall
tion of a majority
Of the initial
two years and six
commendation re-
on from Kershaw
rner, as to which
year terms and
expiration of the
all be appointed in
nt of any vacancy,
a vacancy in office
balance of the un-
ers of the effective
a lessening of the
ers of the Board.
ce of honor within
stitution of South

shall be a body
and empowered to
unction, establish-
benefit of the resi-
limiting the gen
powers:

- (1). To sue and be sued.
- (2). To make bylaws for the management and regulation of its affairs, and to define a quorum for its meetings.
- (3). To acquire by purchase or gift tangible personal property and a suitable site for the establishment of a hospital.
- (4). To accept donations, to make use of the same for purposes germane to its functions, and to expend public moneys which may be appropriated to it.
- (5). To acquire, purchase, hold, use, lease, mortgage, sell, transfer and dispose of any property, real, personal or mixed, or any interest therein.
- (6). To employ architects or engineers to supervise the construction of a hospital building, and to let contracts therefor, with or without competitive bidding.
- (7). To apply to the Federal Government and any other governmental agency for a grant of moneys to aid in the construction and equipment of the hospital.
- (8). To employ supervisors, assistants and such personnel as may be necessary to operate and maintain the hospital, including the appointment of a medical staff, and to appoint officers, agents, employees and servants, to prescribe the duties of such, to fix their compensation, and to determine if and to what extent they shall be bonded for the faithful performance of their duties.
- (9). To provide reasonable regulations concerning the use of the facilities and services of the hospital.
- (10). To establish and promulgate reasonable rates for the use of the services and facilities afforded by said hospital. In promulgating rates, said Board shall be empowered to provide a higher schedule of charges for persons who are not residents within Kershaw County.
- (11). To operate and maintain a charity ward and free services for residents of Kershaw County, who are destitute and unable to pay for needed hospitalization.
- (12). To expend the proceeds derived from the charges made for the use of the facilities and services of the hospital for the operation and maintenance of said hospital.
- (13). To determine the fiscal year upon which the affairs of the hospital shall be conducted.
- (14). To expend any funds received in any manner, and the proceeds derived from any bonds issued by Kershaw County for hospital

2290

STATUTES AT LARGE

[No. 869]

LOCAL AND TEMPORARY LAWS—1954

purposes, to defray the cost of constructing, establishing, equipping and maintaining such hospital.

(15). To exercise the power of eminent domain for any corporate function. The power of eminent domain may be exercised through any procedure prescribed by Chapter 3, Title 25, Volume 3, or Article 2, Chapter 3, Title 33, Volume 4, Code of Laws of South Carolina, 1952, as such statutes are now constituted or as they may afterwards be constituted following any amendments thereto.

(16). To accept and ratify contracts made by the Kershaw County Hospital Board, as constituted by Act No. 1010 of the Acts of 1952.

(17). To perform such further functions as may be properly committed to it by other enactments of the General Assembly.

SECTION 4. Repeal.—All acts or parts of acts, including specifically Act No. 1010 of the Acts of 1952, entitled, "An Act To Create The Kershaw County Hospital Board And To Provide For Its Membership, Powers And Duties," inconsistent herewith are hereby repealed.

SECTION 5. Time effective.—This act shall take effect upon its approval by the Governor.

Approved the 22nd day of February, 1954.

(R637, H1921)

No. 869

An Act To Empower The Kershaw County Hospital Board To Borrow On Behalf Of Kershaw County The Sum Of Twenty Five Thousand Dollars, To Prescribe The Manner In Which Said Loan Shall Be Evidenced, To Prescribe The Purposes For Which The Proceeds Of Said Loan Shall Be Expended, And To Make Provision For The Payment Thereof.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Kershaw County Hospital Board borrow money -- purpose.—The Kershaw County Hospital Board (as constituted by an act enacted at the 1954 Session of the General Assembly) is hereby authorized and empowered to borrow on behalf of Kershaw County the sum of twenty-five thousand dollars, whose proceeds shall be expended for the purchase of a site for the proposed



February 16, 2012

To Whom It May Concern:

We are requesting our submission of the application for the Class C Non-Emergency Transport be expedited in order to avoid a break in service. Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Loretta Wrigley'.

Loretta Wrigley RN, MSN

Director of Nursing LTC/RACE Rehab